

Child's Name: _____ Date of Birth: _____

Diagnosis: _____

Allergies: _____

Medications: _____

Today's Date: _____ Form Completed By: _____

Please answer the following questions about your child's health and development so we can help with your needs.

Staff Only	Health Questions	YES	SOME-TIMES	NO
F/U	Medical Home: _____			
	1. Do you have a medical home (family doctor or clinic) that you go to when your child is sick or needs a check-up?			
	2. Does your child have regular check-ups with the medical home provider?			
	3. Are your child's immunizations up-to-date?			
	4. Do you feel that your child's general health is good?			
	5. Do you know when, how much, and why your child takes medications? (prescription and over-the-counter, like Tylenol)			
	6. Are you able to get the medications, therapy, supplies, and/or equipment your child needs?			
	7. Is your child learning to take care of some of his/her own needs?			
	8. Does your child spend time with other young people each week?			
	9. (0-3 years old) Is your child enrolled in First Steps? (4-15 years old) Does your child attend school regularly? (16-17 years old) Have you begun to plan for your child's future? (18-21 years old) Does your child have an assigned guardian?			

Name: _____

ID #: _____

Information You Would Like to Have:

- | | | | |
|---|--|--------------------------------------|---|
| <input type="radio"/> Assistance Programs | <input type="radio"/> Counseling | <input type="radio"/> Transportation | <input type="radio"/> Vocational Rehabilitation |
| <input type="radio"/> Medicaid | <input type="radio"/> School Plans | <input type="radio"/> Careers | <input type="radio"/> Guardianship |
| <input type="radio"/> Social Security | <input type="radio"/> Sexual Development | <input type="radio"/> Colleges | <input type="radio"/> Wills & Trusts |
| <input type="radio"/> Transportation | <input type="radio"/> Independent Living | <input type="radio"/> Scholarships | |

COMMENTS: _____

STAFF USE ONLY: _____

Reviewed By:

Initials	Signature	Date